

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>FEMINIST MAJORITY</b>		3. FEC Identification Number <b>C</b> C90010646
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVE SUITE 801		
(c) City, State and ZIP Code ARLINGTON VA 22209		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☐ 24-Hour Report  
☐ October 15 Quarterly Report ☒ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES .....	50.33

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Gaylynn Burroughs

SIGNATURE

Gaylynn Burroughs

DATE

[Electronically Filed]

04/16/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee Gaylynn Burroughs		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2016	
Mailing Address 1600 WILSON BLVE SUITE 801		Amount 6.65	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : F57.4668
Purpose of Expenditure Payroll & Benefits - Vote for Hillary (estimate)	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MD District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6.65		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Gaylynn Burroughs		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2016	
Mailing Address 1600 WILSON BLVE SUITE 801		Amount 26.59	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : F57.4673
Purpose of Expenditure Payroll & Benefits - Vote for Hillary (estimate)	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NY District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26.59		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Beth Rader		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 14 / 2016	
Mailing Address 1600 WILSON BLVE SUITE 801		Amount 7.09	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : F57.4669
Purpose of Expenditure Payroll & Benefits - Vote for Hillary (estimate)	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: MD District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	40.33
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

# **SCHEDULE 5-E** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee

Beth Rader

Date of Public Distribution/Dissemination

MM / DD / YYYY  
04 / 14 / 2016

Mailing Address 1600 WILSON BLVE SUITE 801

Amount

City State Zip Code  
ARLINGTON VA 22209

Amount  
10.00

Transaction ID : F57.4672

Purpose of Expenditure  
Payroll & Benefits - Vote for Hillary (estimate)

Category/  
Type

Office Sought: ☐ House State: NY  
☐ Senate District: \_\_\_\_\_  
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:  
HILLARY RODHAM CLINTON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 36.59

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 10.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... 0.00

(c) **TOTAL** Independent Expenditures..... 50.33  
(carry total from last page forward to Line 7)